

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17539
State File No.

BIRTH NO.		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6210</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Upton 22nd St.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Upton 10th St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address & location)				d. STREET ADDRESS (If rural, give location) <u>3 miles S.W. of Upton</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JULIA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>LORAH</u>	
4. DATE OF DEATH		(Month) <u>May</u> (Day) <u>17</u> (Year) <u>1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Widowed</u>		8. DATE OF BIRTH <u>May 15, 1869</u>		9. AGE (In years last birthday) <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		<u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gerster Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>David H. Floyd</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy O. Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Local</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alva N. Local</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertension, Arteriosclerotic degenerative disease, heart disease grade IV, c. Cardio-vascular Renal failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular</u> DUE TO (c) <u>Serious</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443 X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>4/18/55</u> , 19 <u>55</u> , to <u>5/16/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/16/55</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Durns</u>				23b. ADDRESS <u>Houston, Mo.</u>		23c. DATE SIGNED <u>5/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-55</u>		REGISTRAR'S SIGNATURE <u>Murtrie Craig</u>		FUNERAL DIRECTOR'S SIGNATURE <u>327 S. Elliott</u>		ADDRESS <u>Funeral Home Houston Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank E. Wood

Licensed Embalmer No. _____

4036

P. O. Address _____

Florida

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.